

# INDIANA DEPARTMENT OF COMMERCE INTERNATIONAL TRADE DIVISION TSAP POST SHOW EVALUATION

In order for us to determine the future of our Trade Show Assistance Program, we need to continually assess its effectiveness. Your cooperation is critical in this process. This survey must accompany your reimbursement request for it to be processed. You will also receive a six and twelve month evaluation.

## **COMPANY INFORMATION**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **SHOW SUMMARY**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Show Organizer: \_\_\_\_\_

Industries served: \_\_\_\_\_

Markets served: \_\_\_\_\_

Trade only:    ☐ YES       ☐ NO  
if "no", explain any constraints on public on the back of this form.

**Please provide the total dollar amount paid by your company for costs incurred while exhibiting at this trade show. Include booth space, lodging, airfare, taxis, translators, etc.\_**       \$ \_\_\_\_\_

## **SHOW RESULTS**

Did you accomplish your objectives:	YES	NO	N/A
1. Test Market			
2. Market Exposure	_____	_____	_____
3. Identify Agent/Distributor	_____	_____	_____
4. Identify Licensee	_____	_____	_____
5. Identify Joint Venture Partner	_____	_____	_____

Number of leads generated: \_\_\_\_\_

Number of agreements signed: \_\_\_\_\_

Value of sales made at the show: US\$ \_\_\_\_\_

Estimated sales over the next 12 months: US\$ \_\_\_\_\_

Would you recommend this show to other companies?    ☐ YES       ☐ NO

(continued - over)

Please provide comments and observations about the show:

[illegible]

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